

Name

In
Full

Callie Adams

CERTIFICATE OF DEATH

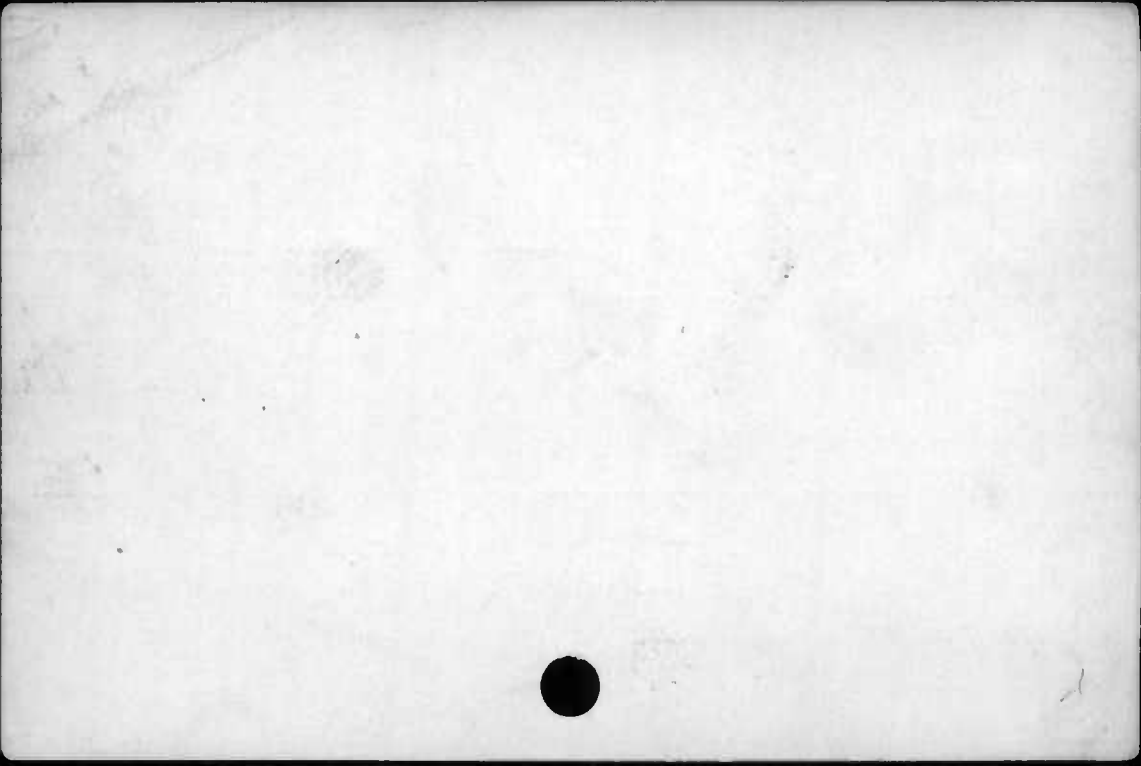
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDaniel</i>		Town <i>Talbot Co</i>		County		MARYLAND	
Date of death 190	Month <i>May</i>	Day <i>20</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>McDaniel</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Chas T Adams</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Callie T Brown</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Callie Adams</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>Two days</i>
Immediate <i>Congestion of Lungs</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W E Zapp M.D.</i>
	Address <i>McDaniel Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Ann Bailey

CERTIFICATE OF DEATH

Died at <i>St. Michaels</i> ^{Town}			<i>Talbot</i> ^{County}			MARYLAND			
Date of death <i>1906</i>		<i>May</i> ^{Month}		<i>24</i> ^{Day}		<i>56</i> ^{Years}		<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Black</i>				Birth-place <i>St. Michaels</i>			
Occupation <i>House work</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Bailey</i>							
Father's Name <i>Daniel Shaddon</i>						Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Mary Shaddon</i>						Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Annah Honey</i>						How related to deceased <i>sister</i>			

CAUSES OF DEATH

Primary <i>Organic Heart disease (Mitral & aortic)</i>		How long <i>Not reckoned</i>	
Immediate <i>Cardiac Asthma</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. E. Gifford M.D.</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Thomas F Boyle

CERTIFICATE OF DEATH

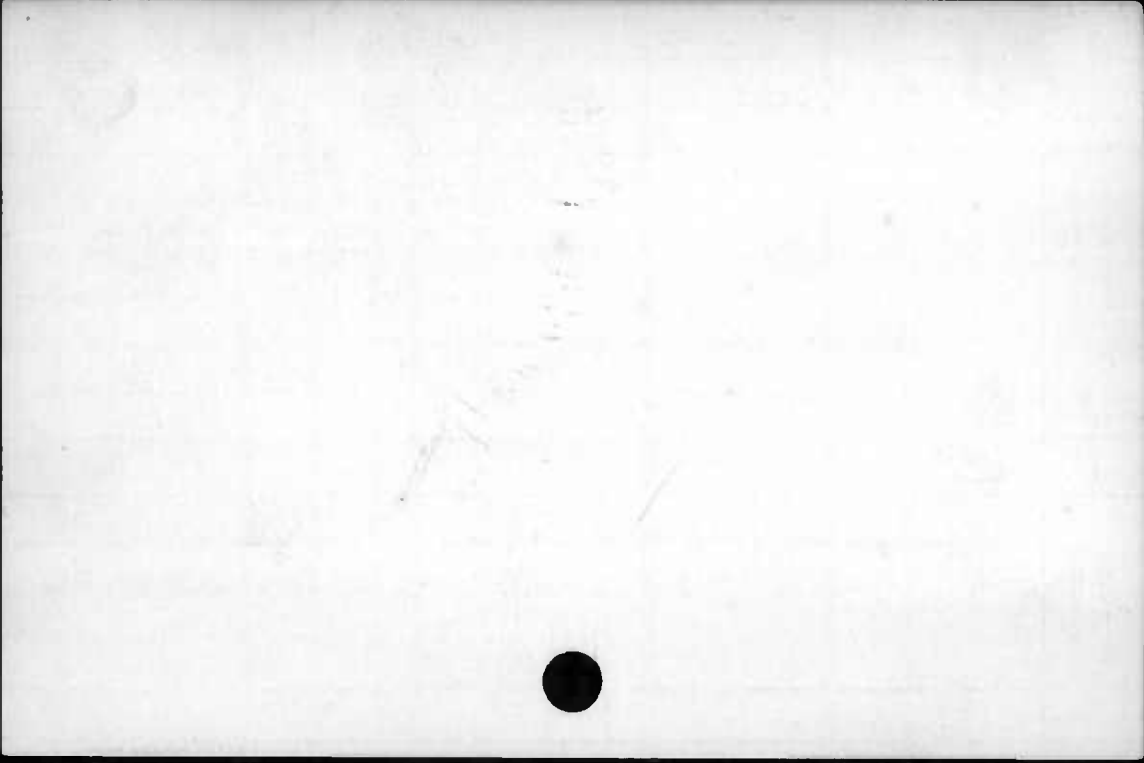
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melloughby</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>May</i> ^{Month}	<i>2</i> ^{Day}	Age <i>23</i> ^{Years}	<i>10</i> ^{Months}	<i>28</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Telegraph Operator</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Minus Boyle</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Golden</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Minus Boyle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis</i> (27)	How long <i>One year and a half</i>
Immediate <i>Haemorrhage of bowels</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stille M.D.</i>
	Address <i>Londona</i>
	<i>Ind.</i>
Accident or Suicide?	



Name
in
Full

Anwiler Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1906		May		14	
Sex		Female		Color or Race		Colored	
Occupation		Schoolgirl		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Single		Name of Wife or Husband		Easton, Md	
Father's Name		Robert F. Camper		Father's Birthplace		Easton	
Mother's Maiden Name		Lanny Gilson		Mother's Birthplace		Tallo & Co.	
Name of person giving information		Robert F. Camper		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Pertussis	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		A. B. Hayward	
Accident or Suicide?		Address	
		Easton, Md	



Name
in
Full

Mrs. Charlotte Deuby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Easton</i>		County <i>Tallat</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>5</i>	<i>23</i>	<i>96</i>	<i>2</i>	<i>6</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Tallat Co. Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Benjamin Deuby (dead)</i>				
Father's Name <i>Chas. Kellen</i>	Father's Birthplace <i>Tallat Co. Md</i>				
Mother's Maiden Name <i>Fanny Johnson</i>	Mother's Birthplace <i>Tallat Co. Md</i>				
Name of person giving information <i>Henry Green</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>Three mos.</i>
Immediate <i>Exhaustion</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. Deuby Wellman</i>
	Address <i>Easton Md</i>
Accident or Suicide?	

Perry heron Friday
may 25th

Name
in
Full

William James Flanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

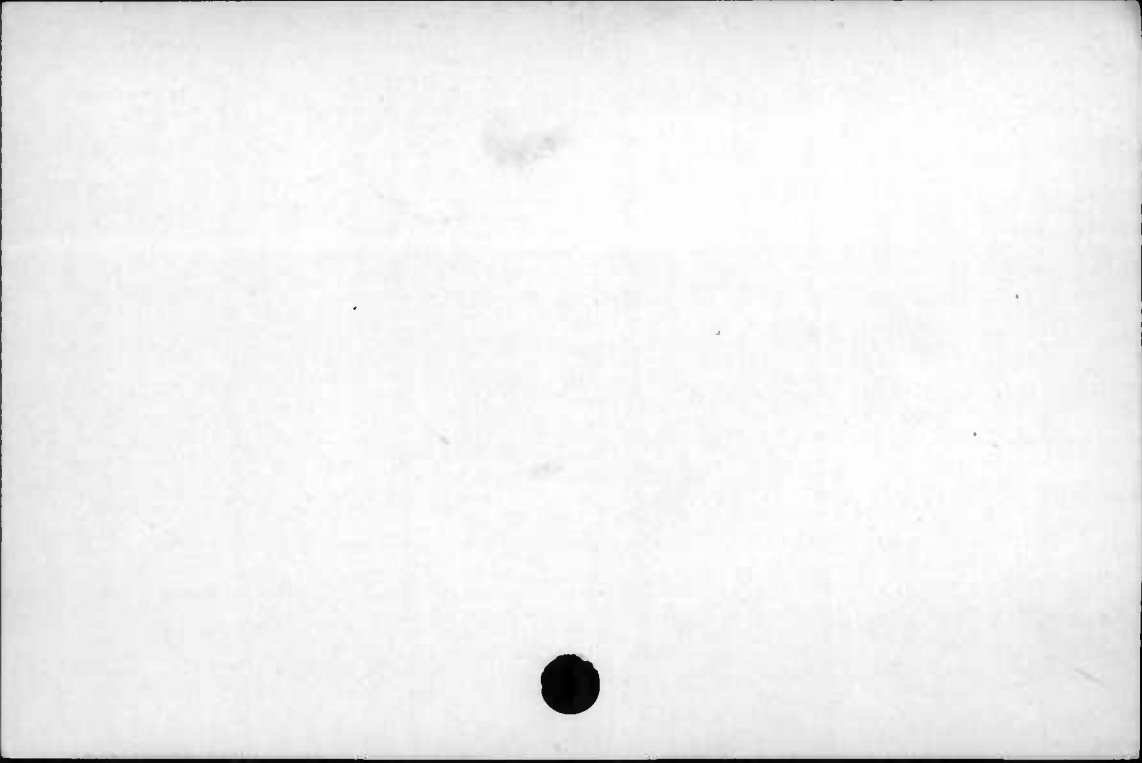
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		May	1st	Age 64			
Sex	Male	Color or Race	Colored	Birth-place	Talbot Co		
Occupation	Farmer			Where Residing	at place of death		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	William Flanner			Father's Birthplace	Talbot Co		
Mother's Maiden Name	Mauda Flanner			Mother's Birthplace	Talbot Co		
Name of person giving information	Richard Flanner			How related to deceased	First Cousin		

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Paralysis (Third Stroke) complicated by Bright's Disease, General Dropsy & Exhaustion	How long	First Stroke
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. L. G. [Signature]
		Address	Talbot Co Md
Accident or Suicide?			



Name
in
Full

Carline Elizabeth Green

CERTIFICATE OF DEATH

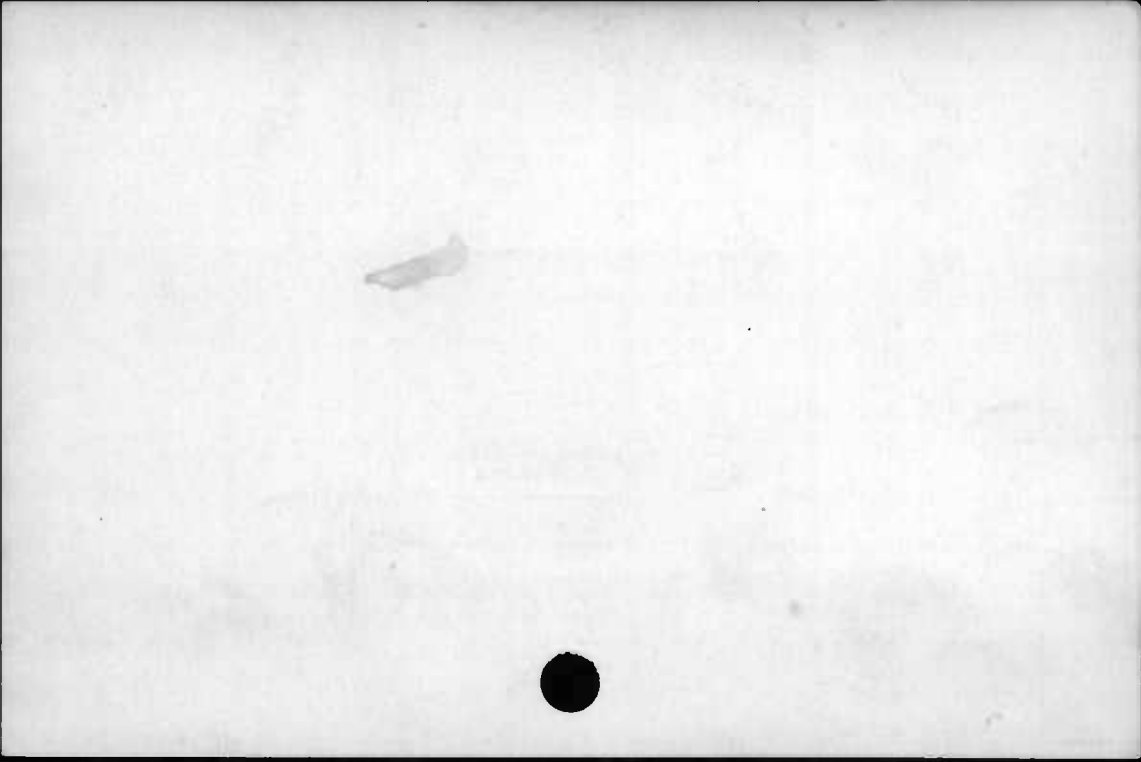
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i>		Town		County <i>Talbot</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>8</i>	Age	Years	Months	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Easton</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>John Green</i>		Father's Birthplace <i>Caroline Co Easton</i>					
Mother's Maiden Name <i>Sady Spruice</i>		Mother's Birthplace <i>Easton</i>					
Name of person giving information <i>John Green</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>It died with sinking</i>	How long
Immediate	<i>Spells and head trouble</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John B Fairbank</i>
		Address <i>Sub Register</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James Edward Haddaway
Tilghman Talbot

Died at Town County

Date of death 1906 May 2nd Age 76 Months 8 Days 12

Sex Male Color or Race White Birthplace Tilghman Md

Occupation Oysterman Where Residing if not at place of death " "

Married, Single or Widowed Widower Name of Wife or Husband Drucilla Haddaway Dec'd

Father's Name Hugh Haddaway Father's Birthplace Talbot Co

Mother's Maiden Name Mary A. Haddaway Mother's Birthplace Talbot Co

Name of person giving information John S. Haddaway How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular disease of Heart How long

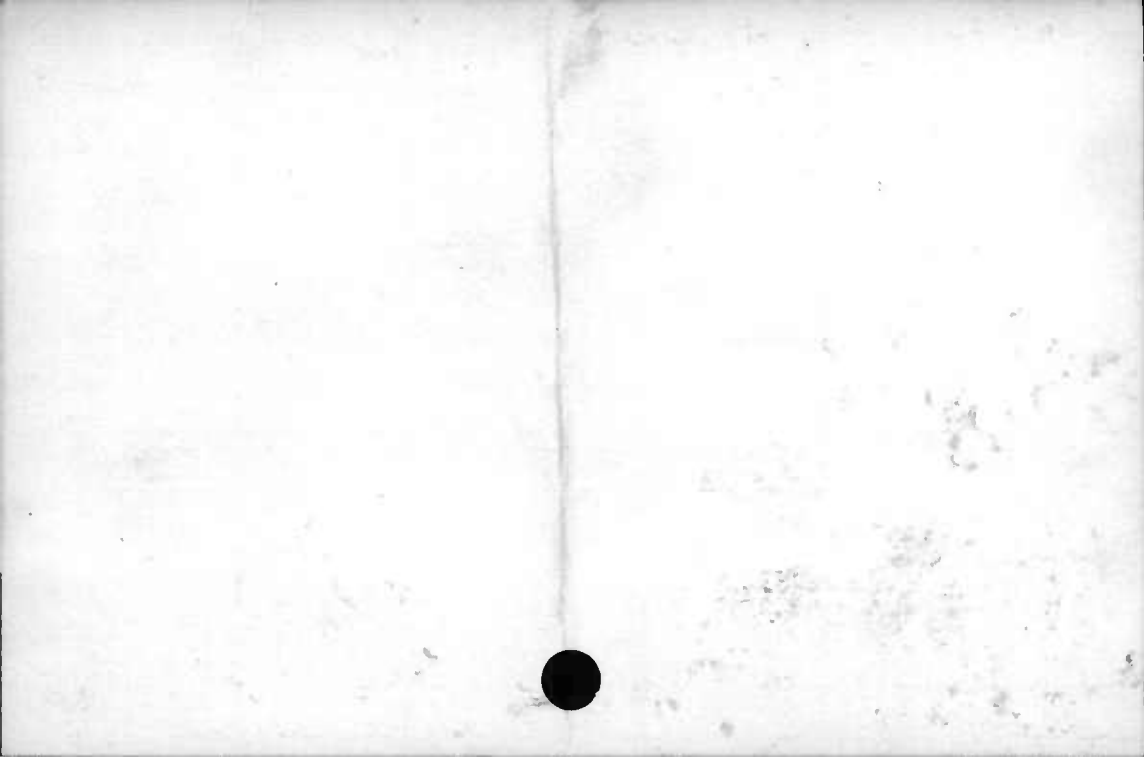
Immediate & Dropsy - Syncope How long 23 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician S. H. Wilson

Address Tilghman Md

Accident or Suicide?



Name
in Full

Harry Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1906	Month May	Day 1st	Age 17	Months 3	Days —
Sex		Male		Color or Race Black		Birth-place Talbot Co	
Occupation		Porter		Where Residing if not at place of death Easton			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		Edward Holmes				Father's Birthplace Talbot Co	
Mother's Maiden Name						Mother's Birthplace " "	
Name of person giving information		Edw Holmes				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Pulmonary Tuberculosis	How long	6 wks
Immediate	Neurorrhage	How long	few hrs.
Are the name, age, sex, color, date and place correctly given above?		y ^{es}	
Signature of Physician		Chas F. Dandow	
Address		Easton Md.	
Accident or Suicide?			

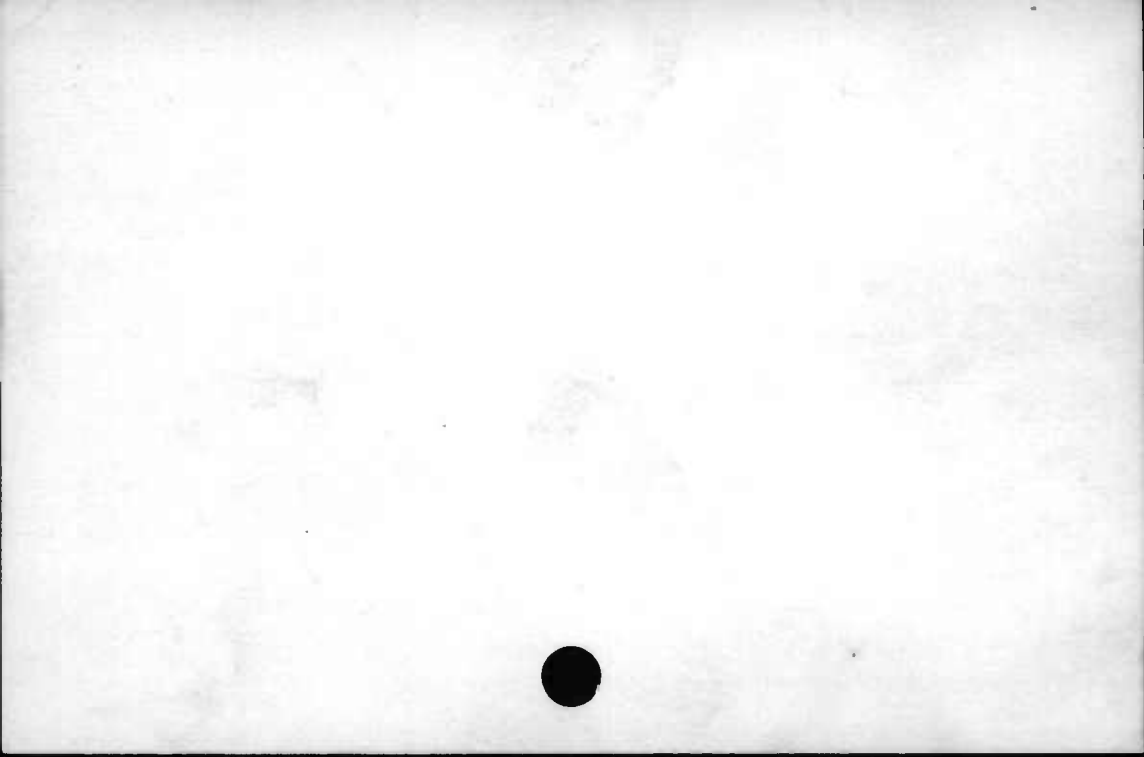
Arrived May 3

Marsh Creek

Name In Full		Dr. Julius A. Johnson				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near Easton		^{County} Talbot		MARYLAND							
		Date of death	1906	Month	May	Day	9	Age	Years 56	Months	—	Days	—
		Sex	Male		Color or Race	White		Birth-place	Md				
		Occupation	Physician				Where Residing if not at place of death				X		
		Married, Single or Widowed	Married		Name of Wife or Husband		Elizabeth J. Lowndes						
		Father's Name	Julius A. Johnson						Father's Birthplace	Md			
		Mother's Maiden Name	Christine Graham						Mother's Birthplace	Md			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information						Graham Johnson		How related to deceased	Son		
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary						Congestion of liver & Calabar		How long		3 mos	
								Furunculæ					
		Immediate						Exhaustion		How long		a few days	
		Are the name, age, sex, color, date and place correctly given above?						Yes		Signature of Physician		Ch. R. Zippe	
						Address		Easton		Md			
Accident or Suicide?													



Name in Full		not named/Keaser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Tilghman		County Talbot		MARYLAND
	Date of death		1906	Month May	Day 19	Age —	Months 3
	Sex		Male		Color or Race	Black	
	Occupation		—		Birth-place	Tilghman Md	
					Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Anderson Keaser			Father's Birthplace	
Mother's Maiden Name		Londie Allen			Mother's Birthplace		
Name of person giving information		Londie Keaser			How related to deceased		
					Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Broncho Pneumonia			How long	
						1 wk	
	Immediate		Heart Failure			How long	
						—	
	Are the name, age, sex, color, date and place correctly given above?		Yes.			Signature of Physician	
					B. K. Wilson		
					Address		
					Tilghman Md		
Accident or Suicide?		No					



Name
in
Full

Mark A. Marvel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Easton</i> Town		<i>Talbot</i> County			
Date of death <i>1906</i>	Month <i>May</i>	Day <i>23</i>	Age <i>0</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Easton Md.</i>			
Occupation <i>Baby</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>R. H. Marvel</i>	Father's Birthplace <i>Talbot Co., Md.</i>				
Mother's Maiden Name <i>Sally E. Ross</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>R. H. Marvel</i>	<i>(90)</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis (Double)</i>	How long <i>10 day -</i>
Immediate <i>Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Anderson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cabin Creek</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>1</i>	Age <i>23</i>	Months	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Falbert Co</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James L. McGinn</i>			Father's Birthplace <i>Falbert</i>		
Mother's Maiden Name <i>P. E. Embrown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jr. J. McGinn</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis & Decays</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor E. Hilbert</i>
	Address <i>East New Market</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

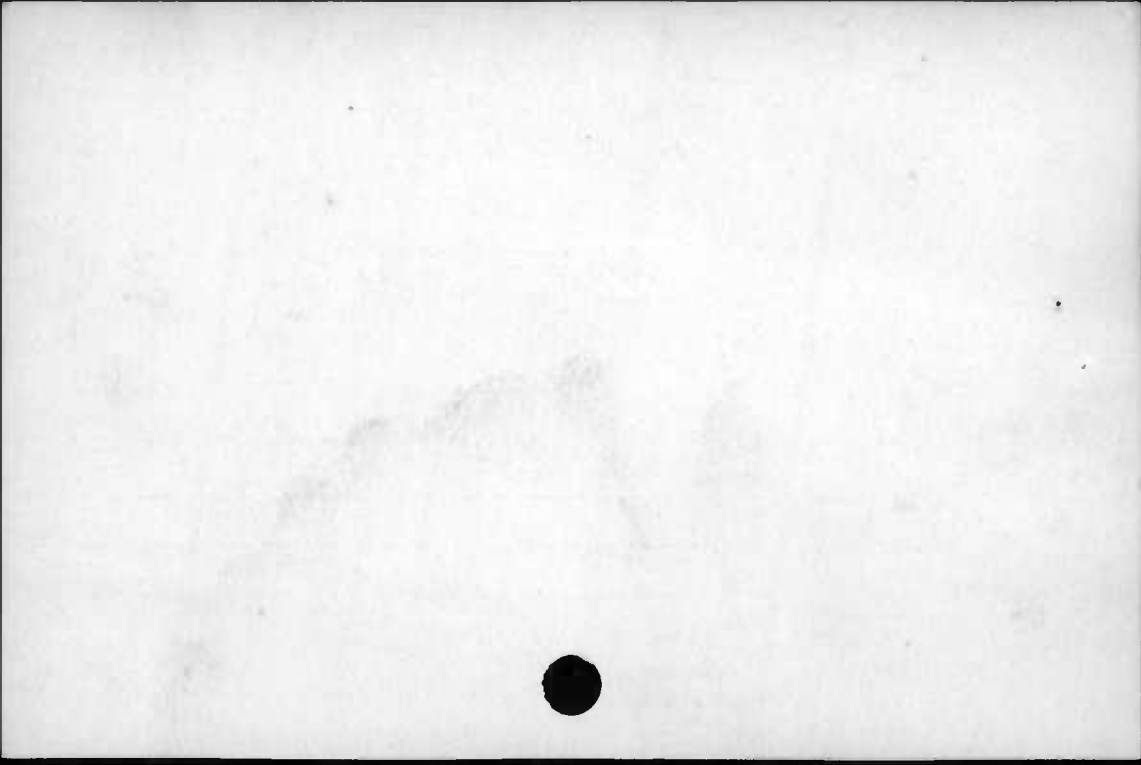
MARYLAND

Died at <u>Easton</u> Town		<u>Talbot</u> County			
Date of death	<u>1906</u>	Month <u>May</u>	Day <u>24</u>	Age <u>66</u> Years	Months <u>28</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge.</u>		
Occupation <u>Shoemaker</u>	Where Residing if not at place of death <u>Easton.</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Jane Smart Snowbray</u>				
Father's Name <u>John Snowbray</u>	Father's Birthplace <u>Cambridge</u>				
Mother's Maiden Name <u>Susan Ellen James</u>	Mother's Birthplace <u>Cambridge</u>				
Name of person giving information <u>Geo. M. Snowbray.</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>neoplasm</u>	How long <u>1 year</u>
Immediate <u>congestion of bowels</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>as near as can be given.</u>	Signature of Physician <u>A. B. Hayward M.D.</u>
	Address <u>Easton</u>
Accident or Suicide?	<u>Med.</u>



Name

in
Full

Alexander Bowdle Newnam

CERTIFICATE OF DEATH

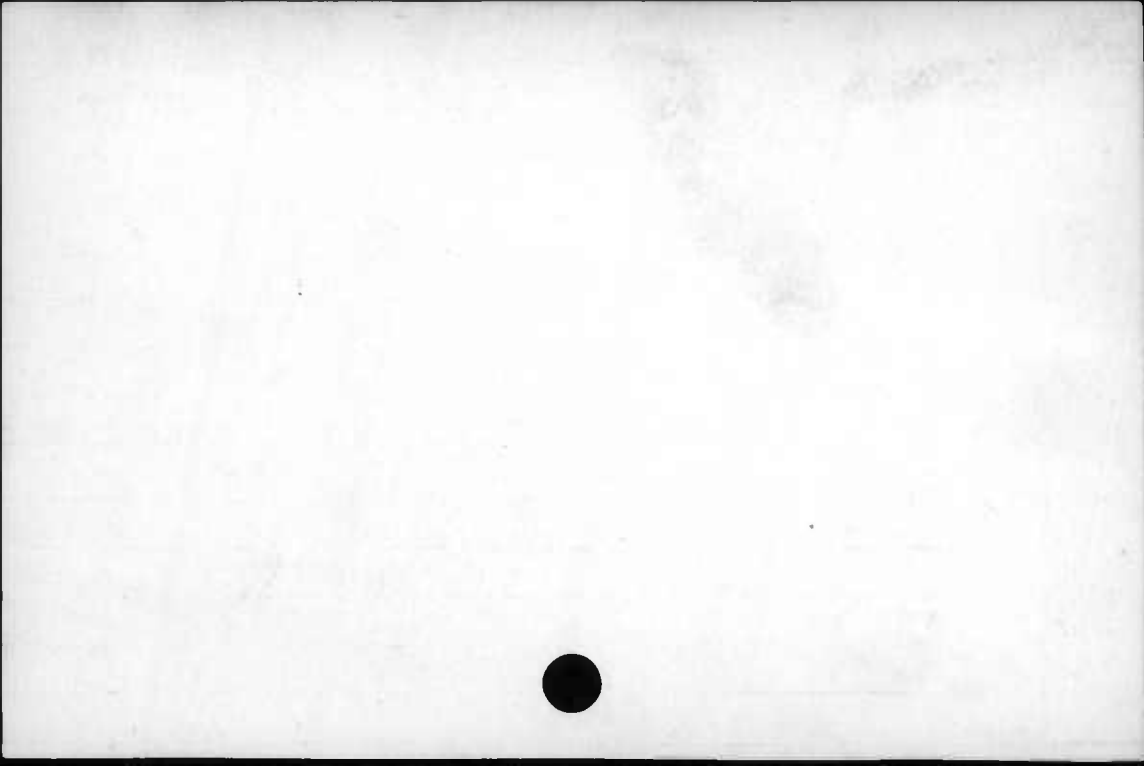
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Naples		County Talbot		MARYLAND	
Date of death 1906	Month 5	Day 14	Age 69	Years	Months 7	Days 3-	
Sex Male	Color or Race White		Birth- place Talbot Co, Md				
Married, Single or Widowed Widower			Occupation None				
Name of Wife or Husband							
Father's Name John Newnam				Father's Birthplace Don't know			
Mother's Maiden Name Bowdle				Mother's Birthplace Talbot Co, Md			
Name of person giving In formation John Newnam				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 days -
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph A. Ross, M.D.	
		Address Naples, Talbot Co, Md	
Accident or Suicide?			



Name
in
Full

Julia Ockersay

CERTIFICATE OF DEATH

Died at <i>New Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1906	Month	May	Day	7 th
Age	17	Years		Months	1
Sex	female	Color or Race	colored	Birth-place	Talbot Co
Occupation	Housework				
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	jacob Ockersay			Father's Birthplace	Talbot Co
Mother's Maiden Name	Charlotte Carter			Mother's Birthplace	"
Name of person giving information	jacob Ockersay			How related to deceased	father

CAUSES OF DEATH

Primary	<i>Pulmonary tuberculosis</i>		How long	<i>4 mos</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A B Hayward M.D.</i>		
<i>yes</i>		Address <i>Easton Md.</i>		
Accident or Suicide?		<i>W.H.C.</i>		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Buried
at Unionville May 8th

Name

in
Full

Helen T.B.

Town

Pope

County

CERTIFICATE OF DEATH

Died at Oxford

Salisbury

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

May

29

Age 6

—

9

Sex

Female

Color or
Race

White

Birth-
place

Oxford Md

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

Henry F. Pope

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah A. Williams

Mother's
Birthplace

Md.

Name of person giving
in formation

Henry F. Pope

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

(90)

How long

Seven days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

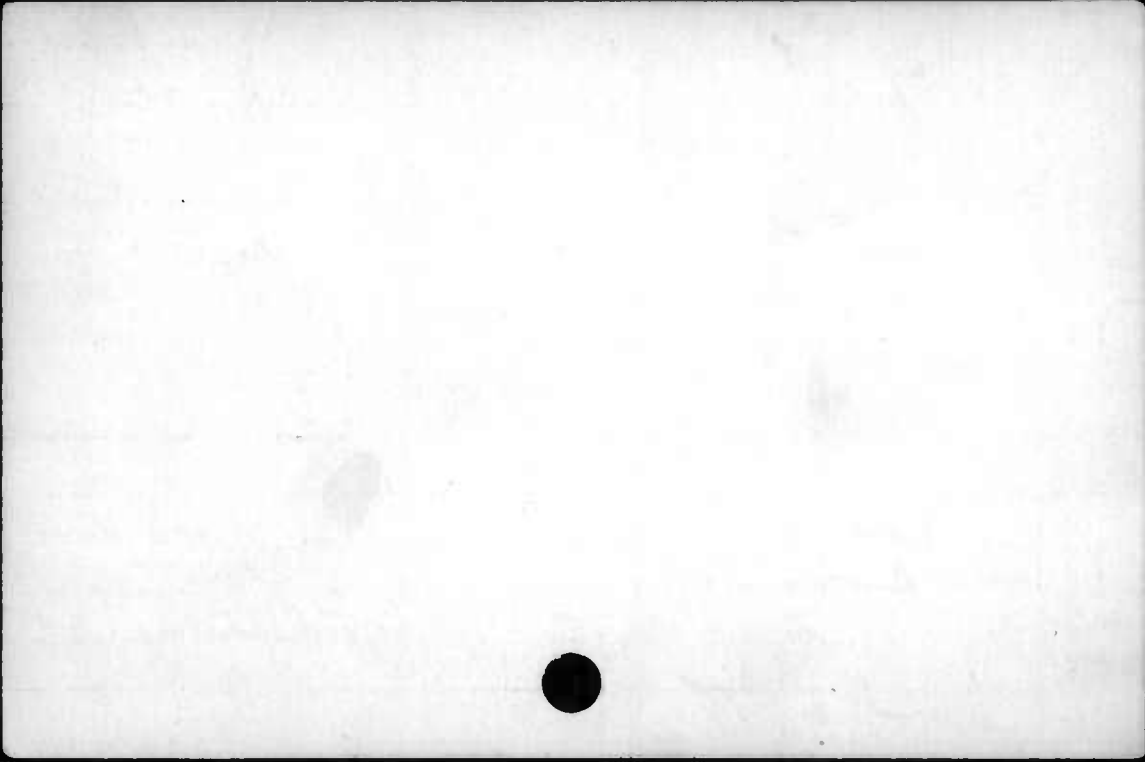
Address

J. C. Stevens
Oxford
Md.

Accident or Suicide?

No Yes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bernard Price

CERTIFICATE OF DEATH

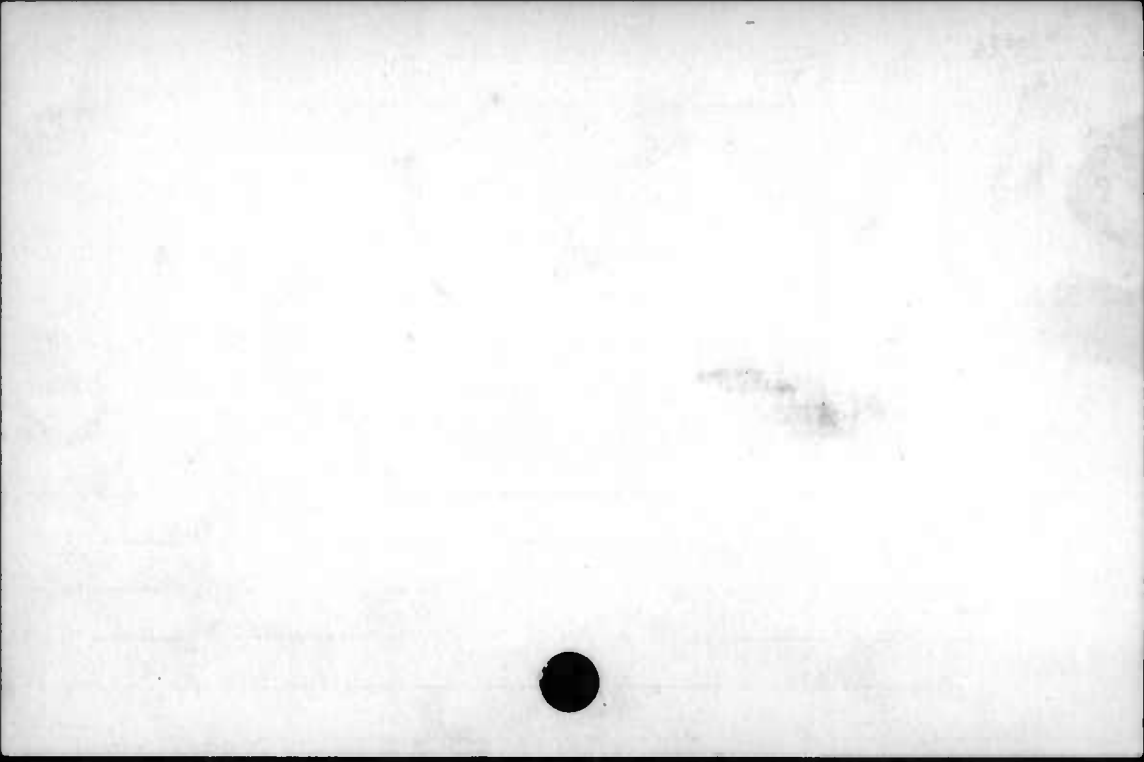
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Salbot</i> County		MARYLAND	
Date of death 190 <i>6</i>	<i>May</i> Month	<i>22</i> Day	Age <i>2</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Revin Price</i>			Father's Birthplace <i>Yuppe Md</i>		
Mother's Maiden Name <i>Hennie Johns</i>			Mother's Birthplace <i>Salbot to Md</i>		
Name of person giving information <i>Revin Price</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute indigestion</i>	How long <i>18 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Stevens</i>
<i>Yes</i>	Address <i>Oxford Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mattie Sewell</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Easton</i>		Month <i>May</i>		Day <i>5th</i>		Age <i>19</i>	
Date of death <i>1906</i>		Months <i>8</i>		Years <i>11</i>		Days <i>11</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth- place <i>Talbot Co</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Sewell</i>					
Father's Name <i> Jas. Stanley</i>		Father's Birthplace <i>Orchester</i>					
Mother's Maiden Name <i>Annie Young</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Geo. W. Sewell</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>		How long <i>6 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Haywood M.D.</i>	
		Address <i>Easton</i>	
Accident or Suicide?		<i>Wm.</i>	



Name
in
Full

CERTIFICATE OF DEATH

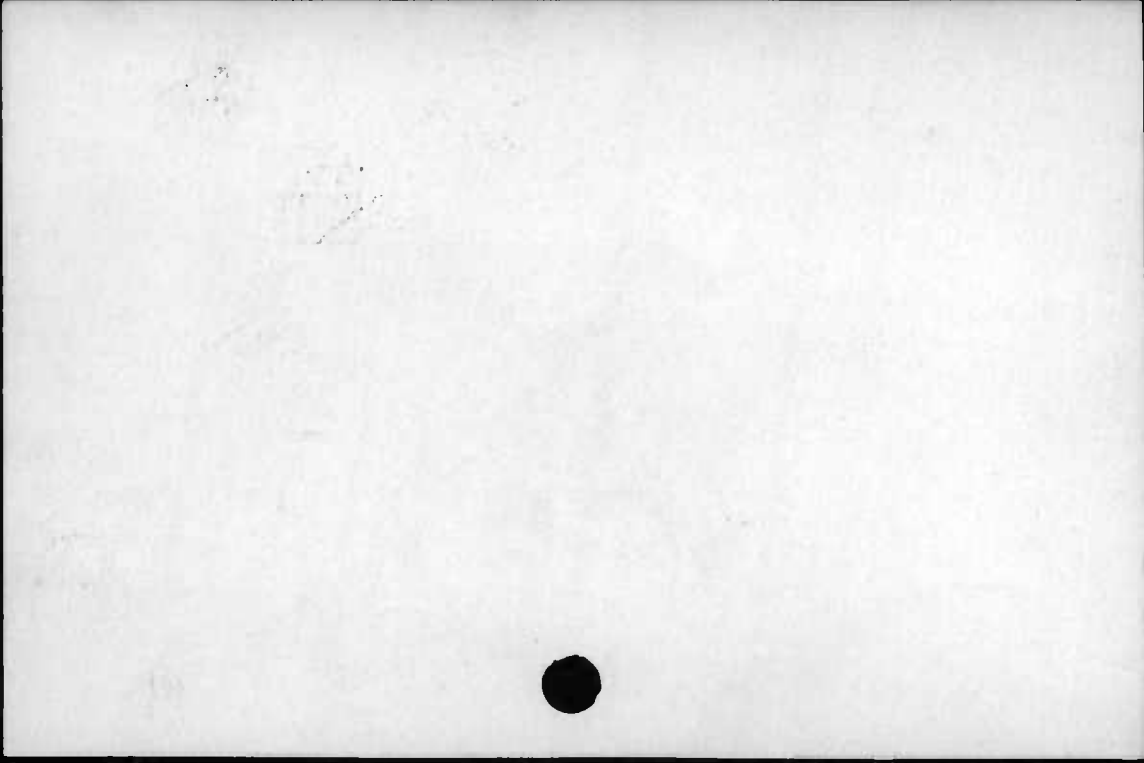
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary H Stafford</i>		Town <i>near Longwood</i>		County <i>Falbot</i>		MARYLAND	
Died at		Date of death <i>1906 May 16</i>		Age <i>56</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Days <i>—</i>	
Occupation <i>lady</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Joseph Stafford</i>		Father's Birthplace					
Mother's Maiden Name <i>Anna M. Fisher</i>		Mother's Birthplace					
Name of person giving information <i>J. H. Stafford</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long <i>20 years</i>
Immediate	<i>Stomach & Bowel trouble</i>	How long <i>Several years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. R. Zippe M.D.</i>
		Address <i>Exton</i>
		<i>Ind</i>
Accident or Suicide?		



Name
In
Full

Sarah Jane Sullivan



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Trappe</i>		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>5</i>	Day <i>10</i>	Age <i>86</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>negro</i>		Birthplace <i>Talbot Co, Md</i>				
Married, Single or Widowed <i>Widowed -</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>George Banton</i>				Father's Birthplace <i>Talbot Co, Md</i>			
Mother's Maiden Name <i>Lilly Banton</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Thomas Gibson</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Regurgitation</i>		How long <i>3 years</i>
Immediate <i>Oedema</i>		How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph A. Corso MD</i>	Address <i>Trappe, Talbot Co, Md</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

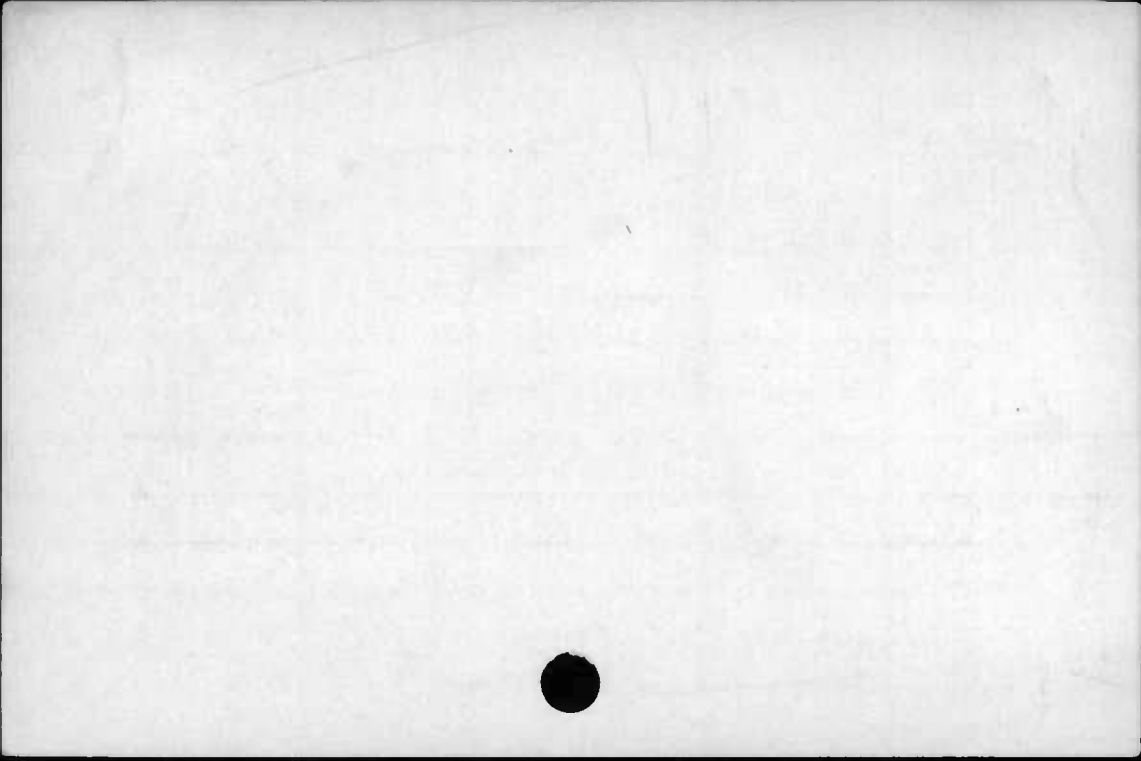
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michael</i> ^{Town}		<i>Wallace</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>14</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Years	<i>—</i>
Occupation <i>—</i>		Birthplace <i>St Michael</i>		Months	<i>—</i>
Where Residing If not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Alfred Henry Wallace</i>		Father's Birthplace <i>St Michael</i>			
Mother's Maiden Name <i>Mary Irene Moody</i>		Mother's Birthplace <i>Borman</i>			
Name of person giving information <i>Jane E Shaw</i>		How related to deceased <i>midwife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		<i>Walter Elmer</i>	
Accident or Suicide?		<i>born with cord of J. E. Shaw</i>	



Name
in
Full

Sarah Anna. Wilson

CERTIFICATE OF DEATH

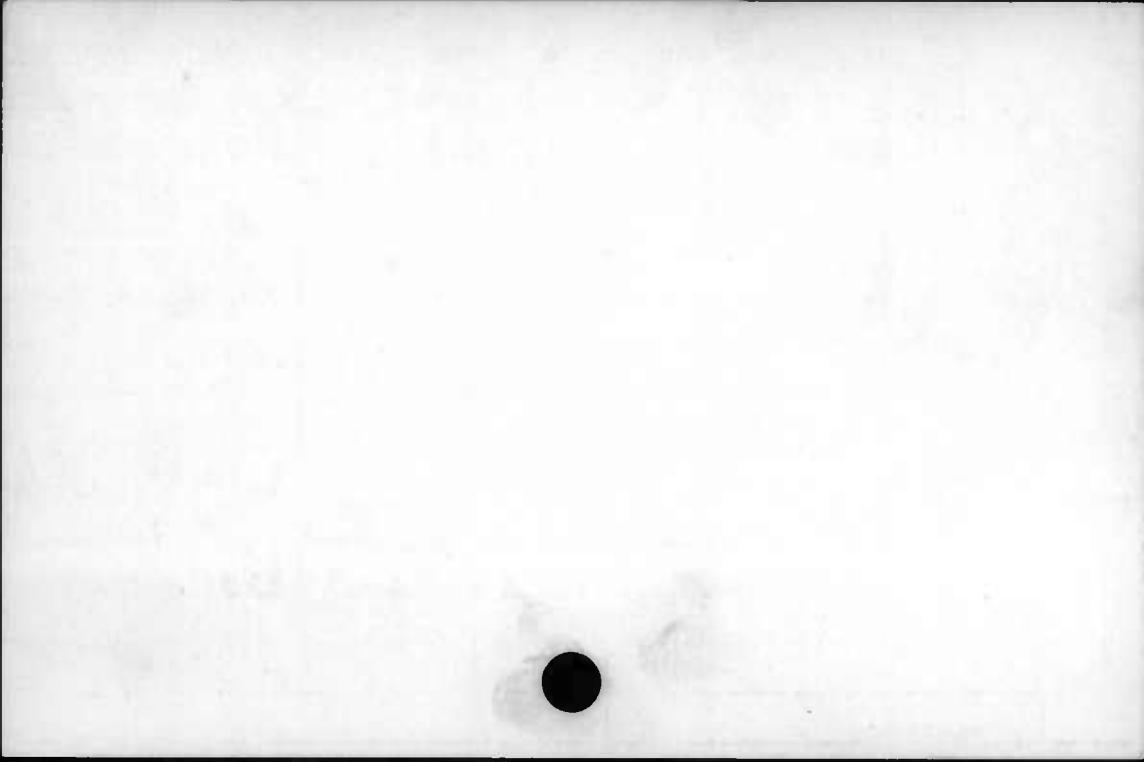
TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Easton</u> ^{Town}		<u>Palbot</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>5</u>	Day <u>15</u>	Age <u>16</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>negro</u>		Birth-place <u>Palbot Co. Md</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>School-girl</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Robert Wilson</u>			Father's Birthplace <u>Palbot Co. Md</u>		
Mother's Maiden Name <u>Eliza Wright</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Howard. Wilson</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>5 weeks -</u>
Immediate <u>Peritonitis</u>	How long <u>6 days -</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph A Ross M.D.</u>
<u>yes</u>	Address <u>Trappe, Palbot Co. Md</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Mary Emma Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Matthews ^{County} TalbotDate of death 190 ^{Month} May ^{Day} 10th ^{Years} 64 ^{Months} 0 ^{Days} 16

Sex female Color or Race white Birthplace Caroline Co. Md.

Occupation Housewife Where Residing if not at place of death X

Married, Single or Widowed married Name of Wife or Husband James T. Wood.

Father's Name Thomas M. Wood Father's Birthplace Caroline Co.

Mother's Maiden Name Mary Emma Wood Mother's Birthplace " "

Name of person giving information Ida W. Brevington How related to deceased daughter

CAUSES OF DEATH

Primary Acute Pleurisy How long 3 days
Immediate Heart Failure How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Chas. Davidson
Easton Md

Accident or Suicide?

180

1

